HISTORY FACILITY PROFILE

: 465067 FACILITY BEDS PHONE NUMBER: (801) 397-4300 ROCKY MOUNTAIN CARE CLEARFIELD PROVIDER #: 465067 TYPE ACTION: RECERTIFICATION TOTAL: 112

STATE'S REGION CODE: 001

1450 SOUTH 1500 EAST CLEARFIELD UT 84015 TYPE OWNERSHIP: NONPROFIT - OTHER PARTICIPATION DATE: 03/02/1981 CERTIFIED: 112

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON	03/07/2002	LTC ADMISSION/SUSPENSION DATES	7	TOTAL CERTIF	'IED BEI	DS: 112
			-			
TOTAL:	95	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	19	SUSPENSION RESCINDED:				
MEDICAID:	45		26		86	
OTHER:	31					

CURRENT SURVEY REVISIT DATES - 04/15/2002

PRIOR 3 SURVEY 12/1998	S/S CODE	PRIOR 2 SURVEY 10/1999	S/S CODE	PRIOR 1 SURVEY 01/2001	S/S CODE	CURRENT SURVEY 03/07/20	S/S CODE 02	PLAN/DATE OF CORRECT		PROGRAM REQUIREMENTS
						хс	D	04/03/2002	REO	F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REO
				X	E				REQ	F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
				X	D				REQ	F0276-QUARTERLY REVIEW OF ASSESSMENTS
X	D								REQ	F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ	F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	G				REQ	F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E								REQ	F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
X	E								REQ	F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E	X	E	X	E				REQ	F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E			X C	E	04/03/2002	REQ	F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D				REQ	F0463-RESIDENT CALL SYSTEM
		X	D						REQ	F0508-FACIL PROVIDES/OBTAINS RADIOLOGY SERVICES

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE SURVEY SURVEY SURVEY OF CORRECTION LSC DEFICIENCIES - BLDG NO. 01 09/1998 10/1999 01/2001 03/12/2002

Χ K0050-FIRE DRILLS K0056-AUTOMATIC SPRINKLER SYSTEM K0062-SPRINKLER SYSTEM MAINTENANCE 04/30/2002 X X C K0069-COOKING EQUIPMENT K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	6	3	4
HEALTH TOTAL	2	6	3	4
LIFE SAFETY CODE	1	3	2	1
LIFE SAFETY CODE + HEALTH	3	9	5	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/07/2000	UNSUBSTANTIATED
06/11/2001	UNSUBSTANTIATED
09/24/2002	UNSUBSTANTIATED
11/02/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT